

MANUFACTURED HOME / OWNER RECORD INFORMATION REQUEST

Wisconsin Department of Safety and
Professional Services

NOTE: This form may be photocopied for future use.

This form is also available

This request must be completed before information about a Wisconsin manufactured home/owner record can be obtained.

Knowledge of what access and uses are permitted under the listed Federal Acts is the responsibility of the requester.

Section A – Requester Information

Name – Firm or Corporation		(Area Code) Telephone Number	
Name – Person Completing This Form		(Area Code) Telephone Number	
Street Address	City	State	Zip Code
Mailing Address (If Different from Above)	City	State	Zip Code

Section B – Request for Record Information – Complete if requesting individual owner/home records only.

I (we) request the following record information:

☐ **Driver License Record Information** – Please complete the following information for each individual owner record that you are requesting.

Name of Person about whom records(s) are being requested	Wisconsin Driver License Number	Birth Date
1		
2		

☐ **Manufactured Home Record Information** – Please explain request in the Comments area below.

Manufactured Home Serial Number	Year	Make	Size	Body Width Body Length	Information Requested	
					Current	History
1					<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>

Comments – Please be specific when describing you request, for example, a complete history, current owner only, etc.

X

(Requester Signature)

(Date Signed)

Fees: (Class Code-8200)

\$3.00 per owner, or home, or DisID record and \$0.25 per photocopy.

An additional fee of \$3.00 is required for certification of documents.

Make check or money order payable to: **Department of Safety and Professional Services**

NOTE: Incomplete or incorrect information provided in section “B” may result in an additional \$3 fee per record.

Mail to:

(Attach completed request and fee)

Department of Safety and Professional Services
Manufactured Home Unit
PO Box 8935
Madison, WI 53708-8935

Please attach a stamped, self-addressed envelope for return of the requested information.

SBD-10752 (R.01/14)